

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36348

State File No. ....

9749

NOV 13 1952

318

1003

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 47 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2940 Thomas				d. STREET ADDRESS (If rural, give location) 21 2940 Thomas			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) Lizzie		c. (Last) Farrer		4. DATE OF DEATH (Month) (Day) (Year) Oct, 19, 1952	
5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 15, 1887	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Athens, Ala.	
11. BIRTHPLACE (City and State or Foreign Country) Athens, Ala.		12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME A. Phillips		13b. MOTHER'S MAIDEN NAME Mary Phillips	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Farrer 2940 Thomas	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonitis - Acute</u>  ANTECEDENT CAUSES DUE TO (b) <u>Influenza</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		480X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-13</u> , 1952, to <u>10-19</u> , 1952, that I last saw the deceased alive on <u>10-17</u> , 1952, and that death occurred at <u>5:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Marjorie H. Little</i>				23b. ADDRESS 3167 Sheridan Ave.		23c. DATE SIGNED 10-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Motor		24b. DATE 10/24/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. OCT 23 1952		REGISTRAR'S SIGNATURE <i>J. C. Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home 3100 Easton Ave.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

Arthur L. Billiar

Licensed Embalmer No. 11221

P. O. Address 4524 Aldin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.